

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

09 - 19

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435.832(d)

7. FEDERAL BUDGET IMPACT:

a. FFY 10 \$ -0-

b. FFY 11 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.6-A, page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 2.6-A, page 5

10. SUBJECT OF AMENDMENT:

6 month home maintenance disregard

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Paul Reinhart, Director
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME:
Stephen Fitton

14. TITLE:
Acting Director, Medical Services Administration

15. DATE SUBMITTED:

11/6/09

16. RETURN TO:

Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Eligibility Conditions and Requirements

Citation

Condition or Requirement

B. Post-Eligibility Treatment of Institutionalized Individuals (continued)

3. For children, each family member:

AFDC level	\$ _____
Medically needy level	\$ <u>see Supplement 1</u>
Other as follows	\$ _____

4. Amounts for incurred medical expenses not subject to payment by a third party:

- a. Health insurance premiums, deductibles and co-insurance charges;
 - b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to Attachment 2.6-A).
5. An amount for maintenance of a single individual's home (includes apartments) for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.
- ☒ Yes. Amount for maintenance of home \$: an accurately calculated Shelter allowance up to a maximum of \$2,610.00 per month.

☐ No

1902(1) of the Act

6. SSI benefits paid under section 1611(e)(1)((E) and (G) of the Act to individuals who receive care in a hospital or NF.

TN NO.: 09-19

Approval Date: _____

Effective Date: 10/01/2009

Supersedes
TN No.: 91-36